

SENATE BILL 1056

By Bowling

AN ACT to amend Tennessee Code Annotated, Title 63,  
relative to nursing.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 63-6-204(b), is amended by designating the existing language as subdivision (b)(1) and adding the following as a new subdivision (b)(2):

Notwithstanding subdivision (b)(1), an advanced practice registered nurse under chapter 7 of this title is authorized to practice without physician supervision to the extent authorized by SECTION 2 of this act.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 7, Part 1, is amended by adding the following as a new section:

(a) A registered nurse licensed under this chapter who has been in practice as an advanced practice registered nurse (APRN) under this chapter for a period of three (3) years may initiate a process that over a period of four (4) years leads to the APRN being able to practice to the full extent of the practice of professional nursing as an APRN under this chapter without the supervision of a physician, except for the prescription of controlled substances pursuant to this chapter and chapter 6.

(b)

(1) After having been in practice as an APRN under this chapter for three (3) years, a nurse may apply to the board to begin the first stage of a transition to full practice authority with a transition to prescribing authority. On acceptance of the nurse's application by the board, the nurse will undertake a full-time period of transition oversight of four thousand one hundred sixty (4,160) practice hours for

APRN prescribing of controlled and non controlled substances that meets the approval of the board.

(2) During the transition period under this subsection (b), the nurse may arrange for required personal review of the nurse's charts by a supervising physician in the office or practice site of the physician or remotely via a HIPAA-compliant electronic means rather than at the site of the nurse's clinic or practice site if the nurse:

(A) Provides services in a free clinic as defined in § 63-6-703;

(B) Engages in the voluntary provision of healthcare services as defined in § 63-6-703; or

(C) Provides services in a clinic in a federally designated medically underserved area (MUA), a federally qualified health center, a rural clinic, or a rural clinic as determined by the board.

(3) After satisfactory completion of the period of transition oversight, the nurse may take an examination developed by the board of nursing, in consultation with the department of health, on topics related to prescribing and full practice authority. The examination must include coverage of prescribing controlled and noncontrolled substances. If the nurse passes the examination, the nurse may proceed to the second stage of the transition to full practice authority under subsection (c).

(c)

(1) After successful completion of the first stage under subsection (b), the nurse may apply to the board to commence the second stage. The second stage is a probationary period consisting of another full-time period of transition oversight of four thousand one hundred sixty (4,160) practice hours with oversight and evaluation as determined by the board.

(2) During the transition period under this subsection (c), the nurse may arrange for required personal review of the nurse's charts by a supervising

physician in the office or practice site of the physician or remotely via a HIPAA-compliant electronic means rather than at the site of the nurse's clinic or practice site if the nurse:

(A) Provides services in a free clinic as defined in § 63-6-703;

(B) Engages in the voluntary provision of healthcare services as defined in § 63-6-703; or

(C) Provides services in a clinic in a federally designated medically underserved area (MUA), a federally qualified health center, a rural clinic, or a rural clinic as determined by the board.

(3) After successful completion of the second stage probationary period as determined by the board, if the nurse is an APRN whose practice does not include the prescribing of controlled substances, then the board may approve the nurse as not being required to have a supervising physician. The nurse may apply for a practice review to determine whether to authorize the nurse to practice without a supervising physician. The board shall prepare a certificate of practice for nurses who will practice under this subdivision (c)(3).

(4) After successful completion of the second stage probationary period, the nurse may apply to the board for a practice review to determine if the nurse may be granted controlled substance prescribing authority as an APRN under collaborative physician supervision guidelines developed pursuant to SECTION 3 of this act. If the board grants the nurse this prescribing authority, the nurse is only required to have physician supervision for prescribing controlled substances pursuant to the collaborative guidelines, and the board shall grant the nurse a certificate of APRN collaborative practice authority.

(5) The board shall set appropriate reasonable fees for applications, examinations, and certificates under this section.

SECTION 3. The board of medical examiners shall undertake a review and updating of physician supervision requirements of nurses and the development of collaborative supervision guidelines for nurses in order to increase the effectiveness of supervision and to reduce any burdens that do not relate directly to improved patient outcomes. The board of medical examiners shall complete this review by January 1, 2018.

SECTION 4. The board of nursing is authorized to promulgate rules to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 5. For purposes of rulemaking and implementing Section 3, this act shall take effect on becoming law, the public welfare requiring it. For all other purposes, this act shall take effect January 1, 2018, the public welfare requiring it.